

**Exhibit V**  
**Remainder of Inmate File of**  
**Edwin D. Dennis, Jr.**

County Detention Center  
**INMATE REQUEST SLIP**

F-4  
**LOCATION**

Name EDWIN DENNIS Date March 7

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I need the address for a previous  
employee. He is in the phone book  
under Terry Turner. I would appreciate  
it if someone could look it up  
for me. Thank you.

Do Not Write Below This Line - For Reply Only

We do not do that.

(3)

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

The County Detention Cent  
**INMATE REQUEST SLIP**

F-4

LOCATION

Name EDWIN DENNIS Date 4-8-05

☒ Telephone Call      ☐ Doctor      ☐ Dentist      ☐ Time Sheet  
☐ Special Visit      ☐ Personal Problem      ☐ Other

Briefly Outline Your Request. Give To Jailer

I need to call my mother to ask about my fiancee who's mother died about two weeks ago and who I have not heard from since before. Also to let my mother know I have a special visit scheduled for the 16th. I do not have my mother's current address nor my fiancee's.

Do Not Write Below This Line - For Reply Only

Phone up front is off limits ~~if you~~  
use phone in cell - works on same system.  
4-15-05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant      ☐ Chief Deputy      ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

FORM: LCS-038 (6/99)

Lee County Detention Center  
**INMATE REQUEST SLIP**

Lt. WELCH

E-6

LOCATION

Name EDWIN DENNIS

Date July 29<sup>th</sup>☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☐ Personal Problem☒ Other

Briefly Outline Your Request. Give To Jailer

I was sentenced to 10 days lockdown for fighting. I was put in E-6 incidently following the fight for 4 days and then put back into population. I recieved the lockdown time while in population. I'm now in lock down again serving the 10 days. I'd like to know if I may get jail credit for the 4 days I was in lockdown prior to my sentencing.

Do Not Write Below This Line - For Reply Only

We do not give credit for time served before the disciplinary Hearing. That time is considered Administrative Lockdown.

W:Itsie

8/1/05

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date \_\_\_\_\_

Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**F-4  
**LOCATION**Name EDWIN DENNIS Date 3-31-05

☐ Telephone Call      ☐ Doctor      ☐ Dentist      ☐ Time Sheet  
☒ Special Visit      ☐ Personal Problem      ☐ Other

Briefly Outline Your Request. Give To Jailer

would like to see my two daughters  
who are both 12 and under. Their birth  
certificates are already on file here  
from 2002 when I was last here.

Do Not Write Below This Line - For Reply Only

Fwd TO ~~SEAF~~ Sgt. TABB 3/23/05

SET FOR 4/16/05 @ 9:30 AM

Jail 4305  
325-05

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To  
Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

; \*\* V I S I T O R M A I N T E N A N C E \*\* 10:42:44  
=====

: 050000865	BOOK DATE: 02/22/2005	STATUS: IN JAIL
E: DENNIS EDWIN DEE II		FACILITY: 01

=====

		RELATIONSHIP	APPROVED BY
		-----	-----
1	COURTNEY WHITTEN	COUSIN	WW
2	LACY JOHNSON	FRIEND	WW
3	TAMMY COLEMAN	FRIEND	WW
4	CAMBRIE CHAMBERS	FRIEND	WW

LN# OR 99 \_\_\_\_

KEY IN LN# TO SELECT LINE TO EDIT, A=ADD NEW VISITOR, 99 OR ESC TO EXIT

CANNOT CHANGE FOR SIX MONTHS!!!!

INMATE VISITOR INFORMATION FORM TC  
3205

ALL INFORMATION MUST BE COMPLETE AND MUST BE LEGIBLE. INFORMATION WHICH IS INCOMPLETE OR NOT LEGIBLE WILL RESULT IN THAT PERSON NOT BEING LISTED ON YOUR VISITATION CARD. NEWLY ARRIVED INMATES ARE NOT ELIGIBLE FOR VISITATION DURING THEIR FIRST SEVEN DAYS AT THE LEE COUNTY DETENTION CENTER IN ORDER TO ALLOW TIME FOR A BACKGROUND CHECK TO BE CONDUCTED ON THE VISITORS LISTED BELOW. VISITATION IS A PRIVILEGE AND MAY BE RESTRICTED OR WITHDRAWN AT ANY TIME.

INMATE NAME EDWARD DEE DENNIS JR CELL# F-4

## VISITOR #1

NAME Tommy Sander's RELATIONSHIP GirlfriendADDRESS 1805 47<sup>th</sup> Street CITY Valley STATE ALTELEPHONE 334-332-0584

## VISITOR #2

NAME Margaret Dennis RELATIONSHIP MotherADDRESS 2155 Lot 15A Co Rd 388 CITY Valley STATE ALTELEPHONE 756-5612

## VISITOR #3

NAME Kayla Mary Dennis RELATIONSHIP DaughterADDRESS 2155 Lot 15A Co Rd 388 CITY Valley AL STATE ALTELEPHONE 756 5612

## VISITOR #4

NAME Brittany Leann Dennis RELATIONSHIP DaughterADDRESS " " " CITY " " STATE ALTELEPHONE " " "

State of Alabama Unified Judicial System  Form C-80      Rev. 8/2000	<b>ORDER ON INITIAL APPEARANCE</b>	Case Number
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IN THE CIRCUIT COURT OF LEE COUNTY, ALABAMA  
 (Circuit, District or Municipal) (Name of County or Municipality)

☒ STATE OF ALABAMA  
☐ MUNICIPALITY OF \_\_\_\_\_ v. EDWIN DEE DENNIS, II  
**Defendant**

---

The above-named defendant, charged with the criminal offense(s) of MANUF. CONT. SUB.; TRAFF. METH., was duly brought before the Court for initial appearance on FEBRUARY 23, 2005 at 11:00 o'clock A.m., whereupon the Court did the following, as checked in the appropriate blocks:

(CHECK-AS APPLICABLE):

☒ 1. Name and address of defendant.

(a) Ascertained the true name and address of the defendant to be:  
2155 Lot 15A  
County Rd 388 Valley Dr

(b) Amended the formal charges to reflect defendant's true name. ☒

(c) Instructed the defendant to notify the Court promptly of any change of address.

☒ 2. Informed the defendant of the charges against him/her and ensured that the defendant was served with a copy of the charges.

☒ 3. Informed the defendant of the right to be represented by counsel, that he/she would be afforded time and opportunity to retain an attorney, and further advised the defendant that, if he/she were indigent and unable to obtain counsel, an attorney would be appointed by the Court to represent him/her.  
 Defendant ☐ requested ☐ did not request court-appointed counsel. If requested counsel, defendant ☐ was ☐ was not given a copy of the Affidavit of Substantial Hardship to complete in order for indigency to be determined.

☒ 4. Informed the defendant that he/she had the right to remain silent and that anything that he/she said could be used against him/her.

☒ 5. Bail

(a) Determined that the defendant shall not be released from custody since charged with a non-bailable capital offense.

(b) Determined that the defendant shall be released from custody pending further proceedings, subject to the mandatory conditions prescribed in Rule 7.3(a), Ala.R.Crim.P., and subject to the following additional conditions:

1.) Execution of an appearance bond (recognizance) in the amount of \$ \_\_\_\_\_.

2.) Execution of a secured appearance bond in the amount of \$ 55,000.00.

3.) Other conditions (specify) \_\_\_\_\_

☒ 6. If charged with a felony offense, informed the defendant of right to demand a preliminary hearing under Rule 5.1, Ala.R.Crim.P., and of the procedure by which that right may be exercised.

☒ 7. If charged with a felony offense a preliminary hearing was demanded with 30 days of date of arrest by the above named defendant, set a preliminary hearing to be held in the District Court of \_\_\_\_\_, \_\_\_\_\_, an \_\_\_\_\_ (date) at \_\_\_\_\_ o'clock \_\_\_\_\_ m.

(a) Notified the District Court that such demand was made.

(b) Defendant made no demand for a preliminary hearing at the initial appearance hearings.

☐ 8. Other: \_\_\_\_\_



State of Alabama  
Unified Judicial System

Form C-81

11/91

**ADVICE OF RIGHTS ON INITIAL  
APPEARANCE BEFORE JUDGE OR MAGISTRATE  
(Felony)**

Case Number

IN THE \_\_\_\_\_ CIRCUIT COURT OF \_\_\_\_\_ LEE COUNTY

☒ STATE OF ALABAMA☐ MUNICIPALITY OF \_\_\_\_\_

v. EDWIN DEE DENNIS, II, Defendant

This is a first appearance hearing. You are charged with committing the felony offense(s) of MANUF. CONT. SUB.; TRAFF. METH in this Court in violation of \_\_\_\_\_.

The primary purpose of this hearing is to ensure that you know and understand the charge or charges against you. At this hearing, there will be no determination made about your guilt or innocence of the crime charged, but only a determination that you know and understand the charge or charges against you. If you are before the Court on a complaint following a warrantless arrest, the judge or magistrate will determine whether there is probable cause for the charge against you.

In addition, the purpose of this hearing is to determine whether bail should be set in your case, or, if it has been already set, if it should remain the same, be raised, be lowered, or whether you should be released upon your personal recognizance (that is, your promise to appear for future court proceedings) or released in the custody of some responsible person. In order to make this determination, it will be necessary for the judge or magistrate to ask you some questions concerning your ties with the community.

You are entitled to be represented by an attorney. You have a right to have your own attorney and will be given time and opportunity to retain an attorney. If you are unable to afford an attorney, one will be appointed for you by the court if you qualify for such representation. It will be necessary for you to complete an indigency questionnaire under oath in order for the court to make this determination.

You have a right to talk with your attorney, family, or friends, and if necessary, reasonable means will be provided in order to enable you to do so. You have the right to remain silent. Anything that you say may be used against you.

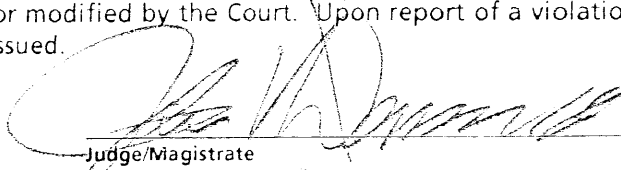
Because you are charged with a felony, you are entitled to demand a preliminary hearing before a judge or magistrate to determine whether there is sufficient evidence to establish that you probably committed the offense or offenses with which you are charged. You must make this demand within thirty (30) days of the date of arrest. If a hearing is demanded and one is conducted, and, if at the conclusion of the preliminary hearing the judge finds that sufficient evidence has been shown to establish that you probably committed the offense or offenses with which you are charged, the judge will then bind you over for further action by a grand jury. If, on the other hand, the judge finds that the evidence is insufficient to establish that you probably committed the crime or crimes charged, then the judge will dismiss the charge and discharge you from further custody or pre-trial obligations subject to the right of the prosecution to reinstate the charges against you at a later time.

If you are released from custody (whether personal recognizance or otherwise), you must:

- 1.) Appear to answer and submit to all orders and process of the Court having jurisdiction in the case.
- 2.) Refrain from committing any criminal offense.
- 3.) Not depart from the state of Alabama without the leave of the Court having jurisdiction of this case.
- 4.) Promptly notify the Court of any change of address or phone number.
- 5.) Other conditions: \_\_\_\_\_

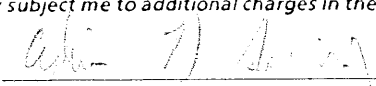
The provisions of the Release Order may be revoked or modified by the Court for cause. The Release Order and any appearance bond executed in compliance with it will continue in force and effect until the dismissal, acquittal, or conviction on the charges, unless sooner revoked or modified by the Court. Upon report of a violation of any of the above conditions, a warrant for your arrest will be issued.

Date: 2-23-05

  
Judge/Magistrate

*I have read or have been advised of the matters herein set forth. I understand the explanation of procedures, rights, and information given to me at the Initial Court Appearance. I understand the conditions of my release and the penalties applicable in the event that I violate any conditions imposed herein. I also understand that failure to appear as required may subject me to additional charges in the revocation of release.*


Date: 2-23-05

  
Defendant

ACR359

ALABAMA JUDICIAL DATA CENTER  
LEE COUNTY  
TRANSCRIPT OF RECORD  
CONVICTION REPORT

CC 2001 000619.00 01  
HON. JACOB A. WALKER III

CIRCUIT COURT OF LEE COUNTY		COURT ORI: 043015 J	
STATE OF ALABAMA VS.		DC NO: GJ 2001 000252.00	
DENNIS EDWIN DEE (II)		G J: 232	
2155 CO RD 388 #13A		SSN: 255612351	
VALLEY AL 36854		SID: 000000000	
		AIS:	
DOB: 11/27/1972 SEX: M HT: 5 11 WT: 170 HAIR: BRO EYE: BRO RACE: (X)W ( )B ( )O COMPLEXION: AGE: FEATURES:			
DATE OFFENSE: 00/00/0000 ARREST DATE: 04/26/2001 ARREST ORI: 0430000			
CHARGES @ CONV	CITES	CT CL COURT ACTION	CA DATE
POSS/REC CONTR. SU	13A-012-212	01 C GUILTY PLEA	11/05/2002
		00	00/00/0000
		00	00/00/0000
JUDGE: HON. JACOB A. WALKER III		PROSECUTOR: ABBETT NICK	
PROBATION APPLIED	GRANTED	DATE	REARRESTED DATE
( )Y( )N	( )Y( )N		
( )Y( )N	( )Y( )N		
15-18-8, CODE OF ALA 1975	IMPOSED	SUSPENDED	TOTAL
( )Y (X)N CONFINEMENT:	07 00 000	00 00 000	07 00 000
PROBATION :	00 00 000		00 00 000
DATE SENTENCED: 11/05/2002	SENTENCE BEGINS: 11/05/2002		
PROVISIONS	COSTS/RESTITUTION	DUE	ORDERED
PENITENTIARY	RESTITUTION	\$0.00	\$0.00
DOC/SAPP PGM	ATTORNEY FEE	\$500.00	\$500.00
DRUG	CRIME VICTIMS	\$50.00	\$50.00
	COST	\$290.00	\$290.00
	FINE	\$1000.00	\$1000.00
	MUNICIPAL FEES	\$0.00	\$0.00
	DRUG FEES	\$1160.00	\$1160.00
	ADDTL DEFENDANT	\$0.00	\$0.00
	DA FEES	\$0.00	\$0.00
	COLLECTION ACCT	\$0.00	\$0.00
	JAIL FEES	\$0.00	\$0.00
	TOTAL	\$3000.00	\$3000.00
APPEAL DATE	SUSPENDED	AFFIRMED	REARREST
( )Y( )N	( )Y( )N	( )Y( )N	( )Y( )N
REMARKS:			
THIS IS TO CERTIFY THAT THE ABOVE INFORMATION WAS EXTRACTED FROM OFFICIAL COURT RECORDS AND IS TRUE AND CORRECT.			
 CORINNE T. HURST			
11/08/2002			

OPERATOR: LEW  
PREPARED: 11/08/2002

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 11/20/2002INST: 241  
CODE: CIADM

BR716-3

\*\*\*\*\*

IS: 00210963A INMATE: DENNIS, EDWIN DEE II

RACE: W SEX: M

INSTITUTION: 241 - LEE

JAIL CR: 000Y 05M 08D

DOB: 11/27/1972 SSN: 255-61-2351

ALIASES: "DJ",

ALIAS: DENNIS, EDWIN DEE JR

DM DT: 11/05/2002 DEAD TIME: 000Y 00M 00D

DM TYP: NEW COMMIT FROM CRT W/O REV OF

STAT: NEW COMMIT FROM CRT W/O REV OF

CURRENT CUST: DTW-3 CURRENT CUST DT: 11/05/2002 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND

SERVING UNDER ACT446 LAW IN CLASS II

CURRENT CLASS DATE: 11/05/2002

INMATE IS EARNING : EARNS 40 DAYS FOR EACH 30 SERVED

COUNTY	SENT DT	CASE NO	CRIME	JL-CR	TERM
EE	11/05/02	NO1000619	UNLAWFUL POSSESSION CONTRD	0158D	007Y 00M 00D CS
			REC CONTR SUB		
			ATTORNEY FEES : \$000500	HABITUAL OFFENDER : N	
			COURT COSTS : \$0000290	FINES : \$0001000	RESTITUTION : \$0001210

TOTAL TERM	MIN REL DT	GOOD TIME BAL	GOOD TIME REV	LONG DATE
07Y 00M 00D	11/07/2004	000Y 01M 10D	000Y 00M 00D	05/26/2009

INMATE LITERAL: ATTEND SAP

\*\*\*\*\*

## DETAINER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

\*\*\*\*\*

## ESCAPEE-PAROLE SUMMARY

INMATE CONVICTED ON 04/17/2000 FOR ESCAPE II

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ALABAMA D.O.C.

SINCE D.B.S.C.I.S. RECORDING BEGAN IN 1978

\*\*\*\*\*

## DISCIPLINARY/CITATION SUMMARY

INMATE CURRENTLY HAS NO DISCIPLINARY/CITATION RECORDS

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-4

**LOCATION**

Name EDWIN DENNIS Date 3 3 03

☐ Telephone Call      ☐ Doctor      ☐ Dentist      ☐ Time Sheet  
☐ Special Visit      ☐ Personal Problem      ☐ Other

Briefly Outline Your Request. Give To Jailer

I would like to Ask Mrs. Witt  
 to please try to put me on  
 the next train to Kilby. I've had  
 my time since Nova. I have to  
 attend Sgs also before I am  
 eligible for any kind of early  
 release program. Thank you.

Do Not Write Below This Line - For Reply Only

We Have no Control over who goes  
 D.O.C. Calls By Name who they  
 want

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant      ☐ Chief Deputy      ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-4  
**LOCATION**

Name EDWIN DENNIS Date 2-14

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

cb  
I would like to see if Tab  
could please set up a special  
visit for my two daughters.  
Thank you.

Do Not Write Below This Line - For Reply Only

SET FOR 3/1/03 @ 8:30 AM

JUL 4355  
2/17/03

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff  
Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

(Form #28)

Circumstances are as follows: That you tested positive for methamphetamine use.

Witnesses desired: NO X If YES, (List) \_\_\_\_\_

If guilty, inmate must affix signature \_\_\_\_\_

Committee Findings & Reasons: \_\_\_\_\_

Committee Recommendations: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Signature of Chairman

Signature, Member

Signature, Member

Copy delivered to inmate: Date \_\_\_\_\_ Time \_\_\_\_\_ Inmate's Signature \_\_\_\_\_

Action - Date 1-29-83 Appeal - Date (attach copy) \_\_\_\_\_

Approved \_\_\_\_\_ Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Other (Specify) Mr. Wheeler

Five great features

## LEE COUNTY SHERIFF'S DEPARTMENT NOTIFICATION OF CHARGES

(Form #29)

TO: Edwin Dennis

DATE: 1-17-2003

YOU ARE HEREBY NOTIFIED THAT IT IS ALLEGED THAT YOU HAVE COMMITTED THE FOLLOWING RULE VIOLATIONS:

C-4 Having or have had unauthorized drugs.

YOU HAVE BEEN CHARGED WITH THESE RULE VIOLATIONS BY OFFICER(S):

Sgt. Tabb

THE FACTS ON WHICH THESE CHARGES ARE BASED ARE:

You tested positive for meth use.

THE MAXIMUM PENALTY FOR THE VIOLATION(S) IS:

Twentyone days lockdown and loss of all privileges.

YOU HAVE THE OPTION OF REQUESTING A DISCIPLINARY HEARING FOR THE ABOVE CHARGE(S) OR ACCEPTING DISCIPLINARY ACTION WITHOUT A HEARING. SHOULD YOU DESIRE A DISCIPLINARY HEARING, YOU MUST REQUEST THE HEARING IN WRITING ON THE INMATE REQUEST FORM ATTACHED TO THIS NOTIFICATION WITHIN EIGHT (8) HOURS AFTER RECEIVING THIS NOTIFICATION.

22 Jan 03 0514  
DATE & TIME OF NOTIFICATION

Sgt. Tabb  
OFFICER MAKING REPORT

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-4  
**LOCATION**

Name EDWIN DENNIS Date JUN 31

☐ Telephone Call      ☐ Doctor      ☐ Dentist      ☐ Time Sheet  
☐ Special Visit      ☐ Personal Problem      ☒ Other

Briefly Outline Your Request. Give To Jailer

*Miss With*  
*I need a graceance form. I*  
*recieged A disciplinory paper*  
*around the 20th of this month. Almost*  
*9 days later I was reserved*  
*the same disciplinory and was told*  
*to plead guilty to make it easier*  
*on my self. The rule book says*  
*that I'm supposed to go to court*  
*within 72 hours. Please look into this.*  
*Do Not Write Below This Line - For Reply Only*  
*sports served the first*  
*part of the second.*

*you Pled guilty on your own. NO ONE*  
*Said you HAD TO. YOU WERE ASKED IF YOU*  
*WANTED witnesses, you Pled guilty.*

2-3-03

*J*

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant      ☐ Chief Deputy      ☐ Sheriff

Date 01-31-03 Time Received 2/00

CORRECTION OFFICER EVANS



Lee County Detention Center  
**INMATE REQUEST SLIP**

C-1  
**LOCATION**

Name Edwin Dennis Date Jan 15 02

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☒ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I need to speak with officer  
Tab about possibly arranging  
a special visit. Please.  
Thank you.

Do Not Write Below This Line - For Reply Only

Set For 1/25/03 @ 9:00 AM  
Jake 4305  
1-15-03

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

E-5  
**LOCATION**

Name Edwin Dennis Date 11 24 02

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I would like to be considered  
for trustee.  
Thank you.

Do Not Write Below This Line - For Reply Only

At this time there are no  
positions available

Agt. Welch  
11-26-02

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff  
Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

Lee County Detention Center  
**INMATE REQUEST SLIP**

**LOCATION**

Name Edwin Dennis Date 11 25 02

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet  
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I would like to know if  
I have any open cases and  
IF I do what they are please.

Do Not Write Below This Line - For Reply Only

Find To Sgt. Welch 11-25-02  
You don't have any pending  
cases

Sgt. Welch  
11-26-02

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Collect Call \_\_\_\_\_

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date \_\_\_\_\_ Time Received \_\_\_\_\_

CORRECTION OFFICER \_\_\_\_\_

07:43 11/04/2002 024264  
AM.AL0120001.AL0430000.

TO LEE COUNTY SO  
FROM CHAMBERS COUNTY SO  
IN RE: DENNIS, EDWIN, W/M, DOB  
11-27-1972, SSN 255-61-2531  
WE HOLD 10-29'S ON THIS SUBJECT FOR CHILD SUPPORT;  
REQUEST YOUR  
AGENCY TO PLACE HOLD ON HIM FOR OUR AGENCY. PLEASE ACKNOWLEDGE  
TELETYPE. THANK-YOU  
AUTHORIZATION: D. HELTON  
OPERATOR: OFFICER  
HORNSBY  
11-04-2002

SEQ # 0051 MRI # 024264

07:47 11/04/2002 024618  
AM.AL0430000.AL0430000,AL0120001.

To: Chambers County SO  
Fr: Lee County SO

re: dennis, edwin w/m dob/11-27-1972

Recieved the tty on above subject and hold has been placed for your  
department.

Auth/McCutcheon Oper/Powell

SEQ # 0052 MRI # 024618

Incl notation Ch 841  
11/16/02 2256  
ag

22:40 11/01/2002 157711  
AM.AL0120001.AL0430000.

FRM CHAMBERS COUNTY SHERIFF PLACE HOLD ON EDWIN D DENNIS III W/M DOB 11-27-72  
CHAMBERS COUNTY HOLDS CHILD SUPPORT WARRANTS ON SUBJ.

D.SMITH

SEQ # 0112 MRI # 157711

## LEE COUNTY SHERIFF'S OFFICE

03/12/2003 00:14:55

## INMATE RELEASE SHEET

PAGE 1

BOOKING NO: 020003908

INMATE NAME: DENNIS EDWIN DEE II

ALIAS:

RACE: W SEX: M

ALIAS:

HT: 5'11" HAIR: BRO

ADDRESS: 2155 #13A CO RD 388

WT: 170 EYES: BRO

CITY/ST/ZIP: VALLEY, AL 36854

COMPLEX:

HOME PHONE: 334-756-5612

SSN: 255-61-2351

DOB: 11/27/1972 AGE: 30

DL ST: AL DLN: 01234216

PLCE BIRTH: LAGRANGE

SID:

STATE: GA

LOCID: 12908

M. STATUS:

RELIGION: CHRISTIAN

GANG ASSOC: NO

SCARS/TATTOOS: TAT BODILY

KNOWN ENEMIES:

REMARKS:

## ----- NEXT OF KIN -----

NEXT OF KIN: MARGARET DENNIS

RELATIONSHIP: MOTHER

ADDRESS: CO RD 500

PHONE: 334-756-5612

CITY/ST/ZIP: VALLEY, AL 36854

REMARKS:

## ----- EMPLOYER INFO -----

EMPLOYED: N

EMPLOYER NAME:

ADDRESS:

CITY/ST/ZIP: ,

PHONE: 000-000-0000

## ----- MEDICAL -----

HANDICAPPED: NEEDS: NO

GLASSES: N SMOKE: Y

MEDICAL NEEDS: N NEEDS:

PHYSICIAN:

PHONE: 000-000-0000

REMARKS:

REMARKS:

REMARKS:

## ----- PROPERTY -----

CASH: \$00.00

DESCRIPTION:

ADD. PROPERTY: SOUP UNDERWEAR PAPERS

ADD. PROPERTY:

ADD. PROPERTY:

BIN NUMBER: 192

VEH IMPOUNDED:

IMPOUND LOT:

REMARKS:

REMARKS:

=====

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X Edwin Dennis

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: Tabert 43032

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

03/12/2003 00:14:55 JEFFERSON COUNTY SHERIFF'S OFFICE INMATE RELEASE SHEET PAGE 2

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

COURT: ATTORNEY ON REC:  
JUDGE: PHONE: 000-000-0000  
REMARKS:  
REMARKS:

BOOK DATE: 08/30/2002 BOOK TIME: 21:48 BOOK TYPE: NORMAL

ARREST DATE: 08/30/2002 BOOKING OFFICER: WOODSON  
ARREST DEPT: LCSO CELL ASSIGNMENT:  
ARREST OFFICER: GRIFFITH MEAL CODE: 02 STATE  
PROJ. RLS DATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
SEARCH OFFICER: THREAT CLASSIFICATION:  
TYPE SEARCH: STRIP WORK RELEASE: N  
INTOX RESULTS:

HOLDS: Y  
AGENCY: CHAMBERS CO REASON: CHILD SUPPORT  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:

NOTES:  
NOTES:  
NOTES:

RELEASE DATE: 03/12/2003 RELEASE TIME: 00:14 # DAYS SERVED: 195

RELEASE OFFICER: TORBERT 43D32  
REMARKS: KILBY TRANSPORT  
REMARKS:  
REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X Edwin Dennis DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
BOOK OFFICER: Torbert 43D32 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



03/12/2003 00:14:55 LEE COUNTY SHERIFF'S OFFICE PAGE 3  
INMATE CHARGE SHEET

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 1 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: RECKLESS DRIVING WARRANT #:  
CASE #:  
BOND AMT: 500 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 2 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: POSS DRUG PARAP WARRANT #:  
CASE #:  
BOND AMT: 1000 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 3 DISPOSITION: SENTENCED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: 30 DAYS(ATT ELUDE) WARRANT #:  
CASE #: DC02-2785  
BOND AMT: 1000 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 09/17/2002  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: DISTRICT JUDGE: NIX  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

## LEE COUNTY SHERIFF'S OFFICE

03/12/2003 00:14:55

## INMATE CHARGE SHEET

PAGE 4

BOOKING NO: 020003908

INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 4 DISPOSITION: SENTENCED

HOLD: N

ALA STATUTE:

# OF COUNTS: 1

OFFENSE: POSS OF MARIJ 2 ND

WARRANT #:

CASE #:

BOND AMT: 1000

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 5 DISPOSITION: DROPPED

HOLD: N

ALA STATUTE:

# OF COUNTS: 1

OFFENSE: SPEEDING

WARRANT #:

CASE #:

BOND AMT: 100

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 6 DISPOSITION: SENTENCED

HOLD: N

ALA STATUTE:

# OF COUNTS: 1

OFFENSE: DWLR

WARRANT #:

CASE #:

BOND AMT: 300

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR:

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

03/12/2003 00:14:55 LEE COUNTY SHERIFF'S OFFICE PAGE 5  
INMATE CHARGE SHEET

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 7 DISPOSITION: SENTENCED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: 60 DAYS (ATT ELUDE) WARRANT #:  
CASE #: DC02-2788  
BOND AMT: FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 09/17/2002  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: DISTRICT JUDGE: NIX  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 8 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: CC01-618 # OF COUNTS: 1  
OFFENSE: FTA WARRANT #:  
CASE #: CC01-618  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 9 DISPOSITION: DROPPED HOLD: N

ALA STATUTE: CC01-620 # OF COUNTS: 1  
OFFENSE: FTA WARRANT #:  
CASE #: CC01-620  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

03/12/2003 00:14:55 LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET PAGE 6

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 10 DISPOSITION: SENTENCED HOLD: N

ALA STATUTE: CC01-619 # OF COUNTS: 1  
OFFENSE: FTA WARRANT #:  
CASE #: CC01-619  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE: WALKER  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 11 DISPOSITION: SENTENCED HOLD: N

ALA STATUTE: # OF COUNTS: 1  
OFFENSE: POSS METH/ 7 YRS WARRANT #:  
CASE #:  
BOND AMT: FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 00/00/0000 ARST AGENCY:  
ARST OFFICR: COUNTY:  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 12 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: TR01-2684 # OF COUNTS: 1  
OFFENSE: FTA/DWLS WARRANT #:  
CASE #: TR01-2684  
BOND AMT: 500 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 12/10/2002 ARST AGENCY: LCSO  
ARST OFFICR: FULGHAM COUNTY:  
COURT: JUDGE: NIX  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS: ORD RLSE  
COMMENTS:  
COMMENTS:

03/12/2003 00:14:55 LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET PAGE 7  
=====

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II  
=====

CHARGE NO: 13 DISPOSITION: RELEASED HOLD: N

ALA STATUTE: TR01-2683 # OF COUNTS: 1  
OFFENSE: FTA/NO SEAT BELT WARRANT #:  
CASE #: TR01-2683  
BOND AMT: 500 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 12/10/2002 ARST AGENCY: LCSO  
ARST OFFICR: FULGHAM COUNTY:  
COURT: JUDGE: NIX  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS: ORD RLSE  
COMMENTS:  
COMMENTS:

-----

STATE OF ALABAMA  
UNIFIED JUDICIAL SYSTEM  
LEE COUNTY FORM CC-30

# COMMITTAL TO CUSTODY

CASE NUMBER  
CC-01-619  
ID YR Case No.

State of Alabama

IN THE

Circuit

COURT OF

State of Alabama  
Unified Judicial System

# ORDER OF RELEASE FROM JAIL

Form C-42 Rev 6/88

Case Number  
TR-01-283  
TR-01-284

IN THE DISTRICT COURT OF LEE COUNTY

STATE OF ALABAMA v. Edwin Dee Dennis II

TO THE JAILER WITH CUSTODY OF THE DEFENDANT

You are ordered to release from your custody the above named defendant, charged with the offense of

TA/NO

seat belt and FTA / DWLS

Reason for Release placed on probation

Date

1/7/03

By:

COURT RECORD (Original)

JAILER (Copy)

Judge/Clerk

JUDGE

08/30/2002 22:24:40 LEE COUNTY SHERIFF'S OFFICE  
INMATE BOOKING SHEET PAGE 2

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

COURT: ATTORNEY ON REC:  
JUDGE: PHONE: 000-000-0000  
REMARKS:  
REMARKS:

BOOK DATE: 08/30/2002 BOOK TIME: 21:48 BOOK TYPE: NORMAL

ARREST DATE: 08/30/2002 BOOKING OFFICER: WOODSON  
ARREST DEPT: LCSO CELL ASSIGNMENT: D4  
ARRST OFFICER: GRIFFITH MEAL CODE: 01 LEE COUNTY  
PROJ. RLSDATE: 00/00/0000 FACILITY: 01 COUNTY JAIL  
SEARCH OFFCR: THREAT CLASSIFICATION:  
TYPE SEARCH: STRIP WORK RELEASE: N  
INTOX RESULTS:

HOLDS: N  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:  
AGENCY: REASON:

NOTES:  
NOTES:  
NOTES:

LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET

0/2002 22:24:40

PAGE 3

KING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 1 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD

# OF COUNTS: 1

OFFENSE: RECKLESS DRIVING

WARRANT #:

CASE #: 02082531

BOND AMT: 500

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

*No! Prossed*

CHARGE NO: 2 DISPOSITION: OPEN

HOLD: N

ALA STATUTE: HELD

# OF COUNTS: 1

OFFENSE: POSS DRUG PARAP

WARRANT #:

CASE #: 02082531

BOND AMT: 1000

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

*No! Prossed*

CHARGE NO: 3 DISPOSITION: OPEN

HOLD: N

ALA STATUTE: HELD

# OF COUNTS: 1

OFFENSE: ATT TO ELUDE

WARRANT #:

CASE #: 02082531

BOND AMT: 1000

FINE: \$0.00

BAIL AMT:

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:



LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET

PAGE 4

30/2002 22:24:40

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 4 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD  
OFFENSE: POSS OFMARIJ 2 ND  
CASE #: 02082531  
BOND AMT: 1000  
BAIL AMT:# OF COUNTS: 1  
WARRANT #:  
FINE: \$0.00INIT APPEAR: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002  
ARST OFFICR: GRIFFITH  
COURT:

SENTENCE DATE: 00/00/0000

ARST AGENCY: LCSO  
COUNTY: LEE  
JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 5 DISPOSITION: OPEN

HOLD: N

ALA STATUTE: HELD  
OFFENSE: SPEEDING  
CASE #: 02082531  
BOND AMT: 100  
BAIL AMT:# OF COUNTS: 1  
WARRANT #:

FINE: \$0.00

INIT APPEAR: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002  
ARST OFFICR: GRIFFITH  
COURT:

SENTENCE DATE: 00/00/0000

ARST AGENCY: LCSO  
COUNTY: LEE  
JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 6 DISPOSITION: OPEN

HOLD: N

ALA STATUTE: HELD  
OFFENSE: DWLR  
CASE #: 02082531  
BOND AMT: 300  
BAIL AMT:# OF COUNTS: 1  
WARRANT #:

FINE: \$0.00

INIT APPEAR: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002  
ARST OFFICR:  
COURT:

SENTENCE DATE: 00/00/0000

ARST AGENCY: LCSO  
COUNTY: LEE  
JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

CHARGE NO: 6 DISPOSITION: OPEN

HOLD: N

ALA STATUTE: HELD

# OF COUNTS: 1

WARRANT #:

FINE: \$0.00

INIT APPEAR: 00/00/0000

SENTENCE DATE: 00/00/0000

ARST AGENCY: LCSO

COUNTY: LEE

JUDGE:

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET

PAGE 5

/30/2002 22:24:40

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 7 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD # OF COUNTS: 1  
OFFENSE: ATT TO ELUDE WARRANT #:  
CASE #: 02082531  
BOND AMT: 1000 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

CHARGE NO: 8 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD # OF COUNTS: 1  
OFFENSE: FTA WARRANT #: CC200100061800  
CASE #:  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

*No! Prossed*

CHARGE NO: 9 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD # OF COUNTS: 1  
OFFENSE: FTA WARRANT #: CC200100062000  
CASE #:  
BOND AMT: 0 FINE: \$0.00  
BAIL AMT:  
INIT APPEAR: 00/00/0000 SENTENCE DATE: 00/00/0000  
RELEASE DTE: 00/00/0000  
ARREST DATE: 08/30/2002 ARST AGENCY: LCSO  
ARST OFFICR: GRIFFITH COUNTY: LEE  
COURT: JUDGE:  
DEF ATTORNY: DIST ATTORNEY:  
COMMENTS:  
COMMENTS:  
COMMENTS:

*No! Prossed*

08/30/2002 22:24:40 LEE COUNTY SHERIFF'S OFFICE  
INMATE CHARGE SHEET PAGE 6

BOOKING NO: 020003908 INMATE NAME: DENNIS EDWIN DEE II

CHARGE NO: 10 DISPOSITION: OPEN HOLD: N

ALA STATUTE: HELD

# OF COUNTS: 1

OFFENSE: FTA

WARRANT #: CC200100061900

CASE #:

FINE: \$0.00

BOND AMT: 0

BAIL AMT:

SENTENCE DATE: 00/00/0000

INIT APPEAR: 00/00/0000

RELEASE DTE: 00/00/0000

ARREST DATE: 08/30/2002

ARST AGENCY: LCSO

ARST OFFICR: GRIFFITH

COUNTY: LEE

COURT:

JUDGE: WALKER

DEF ATTORNY:

DIST ATTORNEY:

COMMENTS:

COMMENTS:

COMMENTS:

*7 years*

-----

TR01-2683	FTA- NO Seat Belt	500	added 12-10-02
TR01-2684	FTA- DWLS	500	<i>DB</i>

LEE COUNTY SHERIFF'S OFFICE  
MEDICAL SCREENING FORM

PAGE 1

08/30/2002 22:24:40

Booking No: 020003908 Date: 08/30/2002 Time: 21:48 Type: NORMAL  
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL

Inmate Name: DENNIS EDWIN DEE II Race: W Sex: M  
 DOB: 11/27/1972 Age: 29 SSN: 255 61 2351 Height: 5'11" Weight: 170

- N 1. Is inmate unconscious?
- N 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- N 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- N 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N 5. Does inmate appear to be under the influence of drugs or alcohol?
- N 6. Any visible signs of alcohol or drug withdrawal?
- N 7. Does inmate's behavior suggest the risk of suicide or assault?
- N 8. Is inmate carrying any medication?
- N 9. Does the inmate have any physical deformities?
- N 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- |                       |                                  |                              |
|-----------------------|----------------------------------|------------------------------|
| <u>N</u> a. Allergies | <u>N</u> f. Fainting Spells      | <u>N</u> k. Seizures         |
| <u>Y</u> b. Arthritis | <u>N</u> g. Hearing Condition    | <u>N</u> l. Tuberculosis     |
| <u>N</u> c. Asthma    | <u>Y</u> h. Hepatitis            | <u>Y</u> m. Ulcers           |
| <u>N</u> d. Diabetes  | <u>N</u> i. High Blood Pressure  | <u>N</u> n. Venereal Disease |
| <u>N</u> e. Epilepsy  | <u>N</u> j. Psychiatric Disorder | <u>Y</u> o. Other (Specify)  |

Other: Cancer runs in the family

\_\_\_\_\_

\_\_\_\_\_

12. For females only:

- ~~\_\_\_\_\_ a. Are you pregnant?~~
- ~~\_\_\_\_\_ b. Do you take birth control pills?~~
- ~~\_\_\_\_\_ c. Have you recently delivered?~~

LEE COUNTY SHERIFF'S OFFICE  
 08/30/2002 22:24:40 MEDICAL SCREENING FORM PAGE 2  
 =====  
 Booking No: 020003908 Date: 08/30/2002 Time: 21:48 Type: NORMAL  
 Agency to Bill: LEE COUNTY Facility: COUNTY JAIL  
 -----  
 Inmate Name: DENNIS EDWIN DEE II Race: W Sex: M  
 DOB: 11/27/1972 Age: 29 SSN: 255 61 2351 Height: 5'11" Weight: 170  
 -----

- N 13. Have you recently been hospitalized or treated by a doctor?
- Y 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- N 15. Are you allergic to any medication?
- N 16. Do you have any handicaps or conditions that limit activity?
- N 17. Have you ever attempted suicide or are you thinking about it now?
- N 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- N 20. Do you have a special diet prescribed by a physician?
- N 21. Do you have any problems or pain with your teeth?
- N 22. Do you have any other medical problems we should know about?

24. Loodine, Prozac, Klonopine, Sengquon

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: ~~X~~ Edwin D Dennis II DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LEE COUNTY SHERIFF'S OFFICE  
INMATE RELEASE SHEET

PAGE 1

04/26/2001 00:35:18

BOOKING NO: 010001701

INMATE NAME: DENNIS, EDWIN DEE II

ALIAS:

ALIAS:

ADDRESS: 2155 #13A CO RD 388

CITY/ST/ZIP: VALLEY, AL 36854

HOME PHONE: 334-756-5612

DOB: 11/27/1972 AGE: 28

PLCE BIRTH: LAGRANGE

STATE: GA

GANG ASSOC:

SCARS/TATTOOS:

KNOWN ENEMIES:

REMARKS:

NEXT OF KIN: MARGARET DENNIS

ADDRESS: CO RD 500

CITY/ST/ZIP: VALLEY, AL 36854

REMARKS:

RACE: W SEX: M

HT: 5'11" HAIR: BRO

WT: 170 EYES: BRO

COMPLEX:

SSN: 255-61-2351

DL ST: AL DLN: 01234216

SID:

LOCID: 12908

RELATIONSHIP: MOTHER

PHONE: 334-756-5612

## PROPERTY

CASH: \$08.10

DESCRIPTION: \$6.00 CURRENCY \$2.10 CHANGE

ADD. PROPERTY: HAT, KNIFE HOLTER, BELT, 2-SCREWS

ADD. PROPERTY: CUT OFF SHORTS

ADD. PROPERTY:

REMARKS:

BOOK DATE: 04/25/2001 BOOK TIME: 20:10 BOOK TYPE: NORMAL

ARREST DATE: 00/00/0000

ARREST DEPT: LCSO

ARRST OFFICER: JORDAN

HOLDS: N

AGENCY:

AGENCY:

AGENCY:

AGENCY:

BOOKING OFFICER: MILNER

CELL ASSIGNMENT: HC3

MEAL CODE: 01 LEE COUNTY

REASON:

REASON:

REASON:

REASON:

NOTES:

NOTES:

NOTES:

RELEASE DATE: 04/26/2001 RELEASE TIME: 00:33 # DAYS SERVED: 2

RELEASE OFFICER: MILNER

REMARKS: NCIC CLEAR PER DONNA

REMARKS:

REMARKS:

I HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL  
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.INMATE: X Edwin Dennis

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

RELEASE OFFICER: MilnerDATE: 04/26/01 TIME: 0038

## LEE COUNTY SHERIFF'S OFFICE

04/26/2001 00:35:18

## INMATE CHARGE SHEET

PAGE 2

BOOKING NO: 010001701

INMATE NAME: DENNIS, EDWIN DEE II

NO	DESCRIPTION	CHARGE	BOND AMOUNT
01		POSS PRECUSOR CHEMIC	5000.00
02		POSS FIREARM	3000.00
03		POSS CTRL SUB	3000.00
04			
05			
06			
07			
08			
09			
10			

NOTES:  
NOTES:  
NOTES:  
NOTES:

NO	TYPE OF RELEASE	RELEASE AGENCY	RELEASE INFO
01	PROFESSIONAL BOND	EASTERN BAIL BONDING	
02	PROFESSIONAL BOND	EASTERN BAIL BONDING	
03	PROFESSIONAL BOND	EASTERN BAIL BONDING	
04			
05			
06			
07			
08			
09			
10			

## LEE COUNTY SHERIFF'S OFFICE

04/25/2001 20:25:10

INMATE BOOKING SHEET

PAGE 1

BOOKING NO: 010001701

INMATE NAME: DENNIS, EDWIN DEE II

ALIAS:

RACE: W SEX: M

ALIAS:

HT: 5'11" HAIR: BRO

ADDRESS: 2155 #13A CO RD 388

WT: 170 EYES: BRO

CITY/ST/ZIP: VALLEY, AL 36854

COMPLEX:

HOME PHONE: 334-756-5612

SSN: 255-61-2351

DOB: 11/27/1972 AGE: 28

DL ST: AL DLN: 01234216

PLCE BIRTH: LAGRANGE

SID:

STATE: GA

LOCID: 12908

GANG ASSOC:

SCARS/TATTOOS:

KNOWN ENEMIES:

REMARKS:

NEXT OF KIN: MARGARET DENNIS

RELATIONSHIP: MOTHER

ADDRESS: CO RD 500

PHONE: 334-756-5612

CITY/ST/ZIP: VALLEY, AL 36854

REMARKS:

HANDICAPPED: NEEDS:  
MEDICAL NEEDS: NEEDS:

PHYSICIAN:

PHONE: 000-000-0000

REMARKS:

## PROPERTY

CASH: \$08.10

DESCRIPTION: \$6.00 CURRENCY \$2.10 CHANGE

ADD. PROPERTY: HAT, KNIFE HOLTER, BELT, 2-SCREWS

ADD. PROPERTY: CUT OFF SHORTS

ADD. PROPERTY:

REMARKS:

BOOK DATE: 04/25/2001 BOOK TIME: 20:10 BOOK TYPE: NORMAL

ARREST DATE: 00/00/0000

BOOKING OFFICER: MILNER

ARREST DEPT: LCSO

CELL ASSIGNMENT: HC3

ARREST OFFICER: JORDAN

MEAL CODE: 01 LEE COUNTY

HOLDS: N

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

AGENCY:

REASON:

NOTES:

NOTES:

NOTES:

HAVE READ THE ABOVE ACCOUNTING OF MY PERSONAL INFORMATION, MEDICAL  
INFORMATION, MONEY, AND OTHER PROPERTY AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: X Edwin Dennis

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

BOOK OFFICER: MilnerDATE: 04/25/01 TIME: 2013



## LEE COUNTY SHERIFF'S OFFICE

04/25/2001 20:25:10

## INMATE CHARGE SHEET

PAGE 2

BOOKING NO: 010001701

INMATE NAME: DENNIS, EDWIN DEE II

NO	DESCRIPTION	CHARGE	BOND AMOUNT
01		POSS PRECUSOR CHEMIC	5000.00
02		POSS FIREARM	3000.00
03		POSS CTRL SUB	3000.00
04			
05			
06			
07			
08			
09			
10			

NOTES:

NOTES:

NOTES:

NOTES:

## LEE COUNTY SHERIFF'S OFFICE

04/25/2001 20:25:10

## MEDICAL SCREENING FORM

PAGE 1 OF 2

=====  
 Booking No: 010001701 Date: 04/25/2001 Time: 20:10 Type: NORMAL

Inmate Name: DENNIS, EDWIN DEE II  
 DOB: 11/27/1972 Age: 28

Race: W Sex: M  
 Height: 5'11" Weight: 170

- N 1. Is inmate unconscious?
- | 2. Does inmate have any visible signs of trauma, illness, obvious pain and bleeding, requiring immediate emergency or doctor's care?
- | 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that might spread through the facility?
- | 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- | 5. Does inmate appear to be under the influence of drugs or alcohol?
- | 6. Any visible signs of alcohol or drug withdrawal?
- | 7. Does inmate's behavior suggest the risk of suicide or assault?
- | 8. Is inmate carrying any medication?
- | 9. Does the inmate have any physical deformities?
- | 10. Does inmate appear to have psychiatric problems?
11. Do you have or have you ever had or has anyone in your family ever had any of the following?
- |                       |                                  |                              |
|-----------------------|----------------------------------|------------------------------|
| <u>N</u> a. Allergies | <u>N</u> f. Fainting Spells      | <u>N</u> k. Seizures         |
| <u>y</u> b. Arthritis | <u> </u> g. Hearing Condition    | <u>N</u> l. Tuberculosis     |
| <u> </u> c. Asthma    | <u> </u> h. Hepatitis            | <u>y</u> m. Ulcers           |
| <u> </u> d. Diabetes  | <u> </u> i. High Blood Pressure  | <u>N</u> n. Venereal Disease |
| <u> </u> e. Epilepsy  | <u> </u> j. Psychiatric Disorder | <u>N</u> o. Other (Specify)  |

Other: (b) Arthritis in left shoulder

\_\_\_\_\_

\_\_\_\_\_

12. For females only:

- N a. Are you pregnant?
- N b. Do you take birth control pills?
- | c. Have you recently delivered?

## LEE COUNTY SHERIFF'S OFFICE

04/25/2001 20:25:10

## MEDICAL SCREENING FORM

PAGE 2 OF 2

=====  
 Booking No: 010001701 Date: 04/25/2001 Time: 20:10 Type: NORMAL

Inmate Name: DENNIS, EDWIN DEE II  
 DOB: 11/27/1972 Age: 28

Race: W Sex: M  
 Height: 5'11" Weight: 170

- N 13. Have you recently been hospitalized or treated by a doctor?
- + 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- + 15. Are you allergic to any medication?
- + 16. Do you have any handicaps or conditions that limit activity?
- + 17. Have you ever attempted suicide or are you thinking about it now?
- Y 18. Do you regularly use alcohol or street drugs?
- N 19. Do you have any problems when you stop drinking or using drugs?
- + 20. Do you have a special diet prescribed by a physician?
- + 21. Do you have any problems or pain with your teeth?
- + 22. Do you have any other medical problems we should know about?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: *Edwin D. Dennis* DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 BOOK OFFICER: *M. L. [Signature]* DATE: 04/25/01 TIME: 2013

**DAILY BOOKING SHEET  
LEE COUNTY JAIL  
OPELIKA, ALABAMA**

Date 9-7-96Social Security No. 255-61-2351Time 1035I.D. NO. 12908Photo N FP NName Dennis Edwin Race W Sex M Age 23 Eyes Bro Hair Bro  
(Last) (First)Ht. 5'11" Wt. 170 DOB 11-27-72 NCIC Check \_\_\_\_\_Address Lot 27 Turner Trl Prk Salem AL  
Street Apt. City State Zip

Made PX Yes No Reason \_\_\_\_\_ S/M/T \_\_\_\_\_

Next of Kin Margaret Dennis Relationship motherAddress Co Rd 500 Valley 756-5612  
Street Apt. City State Zip Phone

CHARGE <u>ETA</u>	BOND <u>0</u>	CHARGE _____	BOND _____
CHARGE <u>expired Tag</u>	BOND <u>0</u>	CHARGE _____	BOND _____
CHARGE _____	BOND _____	CHARGE _____	BOND _____

HOLDS:	AGENCY _____	CHARGE _____	BOND _____
	AGENCY _____	CHARGE _____	BOND _____
	AGENCY _____	CHARGE _____	BOND _____

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ☒ NO ☐a. IF SO, STATE YOUR PROBLEM(S) headaches often2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES ☐ NO ☒ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES ☐ NO ☒ WHAT: \_\_\_\_\_6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES ☐ NO ☒

a. DOCTOR'S NAME \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES ☐ NO ☒

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh. 97 U.S. POSTAL SERVICE.

YES ☐ NO ☐Signature of Person Arrested [Signature]ARRESTING OFFICER(S) AST BARRON, T.L.BOOKING OFFICER [Signature]

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE COUNTY SHERIFFS DEPARTMENT.

DATE OF RELEASE 9-11-96Signature of Person Released [Signature]TIME OF RELEASE 1100

R. ROSSER

TYPE OF RELEASE ORDER

Signature of Release Officer

D.S.

ALIAS

Date of Arrest 9-7-96

Date of Arrest

Dee

(MIDDLE)

Edwin

(FIRST)

1115

(LAST)

(Form #3)

**\*ALL PROPERTY LEFT OVER 30 DAYS AFTER RELEASE WILL BE DISPOSED OF.**

[illegible]

**LEE COUNTY SHERIFF'S DEPARTMENT**  
**RECEIPT OF RULES AND REGULATIONS**  
**(FORM #7)**

I, Edwin Dennis, have received Handbook number 139A of the Lee County Sheriff's Department Rules and Regulations governing inmates. I understand that while in this institution I will abide by these Rules and Regulations.

Upon my release from this institution, I will return the Rules and Regulations Handbook. I also understand that I am responsible for a \$2.00 replacement fee for loss or damages to the Handbook. If I fail to pay the fee, criminal charges will be filed against me for destruction of Lee County property.

☒ Inmate stated that he/she was able to read the Rules and Regulations.

☐ Inmate stated that he/she was not able to read the Rules and Regulations and I explained the orientation rules to him/her.

Years of School 9th

Edwin A. Dennis  
 Inmate Signature, Date & Time

P. B. Gray  
 Officer Signature, Date & Time

**RETURN OF RULES AND REGULATIONS**  
**FOR OFFICIAL USE ONLY**

Please check statement that applies to released inmate:

☒ Rules and Regulations Handbook number \_\_\_\_\_ was returned upon inmate's release

☐ Rules and Regulations Handbook number \_\_\_\_\_ was damaged or loss upon inmate's release.

☐ \$2.00 replacement fee was paid for damages.

☐ \$2.00 replacement fee was paid for loss.

☐ \$2.00 replacement fee was not paid by inmate.

Officer Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Inmate Signature, Date & Time

12  
 \_\_\_\_\_  
 Officer Signature, Date & Time

LEE COUNTY SHERIFF'S DEPARTMENT  
RECEIPT OF PERSONAL PROPERTY BAGS

I, Edwin Dennis, HAVE RECEIVED A PROPERTY BAG FROM  
THE LEE COUNTY SHERIFF'S DEPARTMENT AND UNDERSTAND THAT I AM RESPONSIBLE  
FOR THIS ITEM.

UPON MY RELEASE FROM THIS INSTITUTION, I WILL RETURN THE PROPERTY BAG.  
I ALSO UNDERSTAND THAT I'M RESPONSIBLE FOR A \$5.00 REPLACEMENT FEE FOR  
LOSS OR DAMAGES TO THE PROPERTY BAG. IF I FAIL TO PAY THE FEE, CRIMINAL  
CHARGES WILL BE FILED AGAINST ME FOR DESTRUCTION OF LEE COUNTY PROPERTY.

Edwin D. Dennis  
INMATE SIGNATURE, DATE & TIME

PBaray  
OFFICER SIGNATURE, DATE & TIME

RETURN OF PERSONAL PROPERTY BAG  
FOR OFFICIAL USE ONLY

PLEASE CHECK STATEMENT THAT APPLIES TO RELEASED INMATE:

- ☐ PROPERTY BAG WAS RETURNED UPON INMATE'S RELEASE  
☐ PROPERTY BAG WAS DAMAGED OR LOSS UPON INMATE'S RELEASE  
☐ \$5.00 REPLACEMENT FEE WAS PAID FOR DAMAGES  
☐ \$5.00 REPLACEMENT FEE WAS PAID FOR LOSS  
☐ \$5.00 REPLACEMENT FEE WAS NOT PAID BY INMATE

OFFICER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INMATE SIGNATURE, DATE & TIME

OFFICER SIGNATURE, DATE & TIME

LEE COUNTY  
SHERIFF'S DEPARTMENT

MEDICAL CHARGE ACKNOWLEDGEMENT FORM  
INMATE CO-PAYMENT FOR MEDICAL SERVICE RENDERED

POLICY

Sick call is conducted on a scheduled basis by a registered nurse and is available to all inmates. All inmates will be charged a fee for non-emergency treatment. Inmates will not be denied medical treatment for any reason.

PROCEDURE

1. Costs for non-emergency treatment will be charged to the inmate as follows
  - a) Sick Call visit \$10.00
  - b) Dentist visit \$10.00
  - c) Doctor visit \$10.00
  - d) prescription fee \$ 3.00
  - e) Follow-Up visit NO CHARGE
  - f) Non-Prescription Medication \$0.25 per each pill up to a \$ 3.00 limit
2. At the conclusion of each sick-call visit, the nurse will complete a charge slip, the inmate will sign the slip and receive a copy.
3. The remaining medical charge forms are given to the booking officer on duty when sick call is completed.
4. The booking officer submits one(1) copy of the medical charge form to the commissary clerk for payment from the inmate account.
5. One (1) copy of the medical charge form is placed in the inmate's medical file.
6. Payment for medical treatments will be payable to the Lee County Commission.

I, Edwin Dennis, state that I have read, or have had read to me, this form regarding the policies and procedures on inmate co-payments for medical services rendered. I state that I acknowledge and fully understand these same policies and procedures.

Edwin Dennis  
Inmate Signature, Date and Time

P. Beray  
Officer Signature, Date and Time



**DAILY BOOKING SHEET**  
**LEE COUNTY JAIL**  
**OPELIKA, ALABAMA**

Social Security No. 255-61-2351

I.D. NO. 12908

Date 01/18/95

Time 1915 HRS

Photo ☒ FP yes

Name Dennis, Edwin Dee II Race W Sex M Age 23 Eyes Bro Hair Bro

Ht. 5'11" (LAST) Wt. 165 (FIRST) DOB 11/27/72 NCIC Check Clear 1/18/95

Address 8484 Lee Rd 158, Salem, AL STREET APT. CITY STATE ZIP

Made PX Yes ☒ No ☐ Reason S/M/T

Next of Kin Margaret Dennis Relationship Mother

Address Unknown Lee Co Rd 55, Valley, AL STREET APT. CITY STATE ZIP Phone 756-5612

CHARGE FTA (Exp. Jay) BOND \$500.00 CHARGE BOND

CHARGE BOND CHARGE BOND

CHARGE BOND CHARGE BOND

HOLDS: AGENCY CHARGE BOND

AGENCY CHARGE BOND

AGENCY CHARGE BOND

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES ☐ NO ☒

a. IF SO, STATE YOUR PROBLEM(S) \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES ☐ NO ☒ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES ☐ NO ☒

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES ☐ NO ☒ WHAT: \_\_\_\_\_

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES ☐ NO ☒

a. DOCTOR'S NAME: \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES ☐ NO ☒

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh.97 U.S. POSTAL SERVICE.

YES ☒ NO ☐

Signature of Person Arrested

ARRESTING OFFICER(S) Summers, AST

BOOKING OFFICER B Seabrook 4809

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE CO. SHERIFFS DEPT.

DATE OF RELEASE 01/18/95

TIME OF RELEASE 1945

Signature of Person Released

ALIAS

Date of Arrest

(MIDDLE)

(FIRST)

(LAST)

**DAILY BOOKING SHEET**  
**LEE COUNTY JAIL**  
**OPELIKA, ALABAMA**

Social Security No. 253 / 61 / 2351  
 I.D. NO. 12908  
 Photo \_\_\_\_\_ FP \_\_\_\_\_

Date 08/16/94  
 Time 100

Name DENNIS II Edwin DEE Race W Sex M Age 21 Eyes BRO Hair BRO  
 Ht. 511 (LAST) Wt. 165 (FIRST) DOB 11/27/72 NCIC Check \_\_\_\_\_  
 Address 8484 Lee Road 158 Opelika, AL 36801 (203) 756-5612  
 STREET APT. CITY STATE ZIP  
 Made PX X Yes No Y Reason \_\_\_\_\_ S/M/T Right Forearm DUS Bite  
SCN Right Side of Face  
 Next of Kin Margaret DENNIS Relationship Mother  
 Address UNK Opelika AL 36801 STATE ZIP Phone 0  
 STREET APT. CITY STATE ZIP

CHARGE 60 Days BOND \_\_\_\_\_ CHARGE Criminal Misdemeanor BOND \_\_\_\_\_  
 CHARGE \_\_\_\_\_ BOND \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
 CHARGE \_\_\_\_\_ BOND \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
 HOLDS: AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
 AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_  
 AGENCY \_\_\_\_\_ CHARGE \_\_\_\_\_ BOND \_\_\_\_\_

1. ARE YOU PRESENTLY IN NEED OF ANY IMMEDIATE MEDICAL ATTENTION YES \_\_\_\_\_ NO ✓

a. IF SO, STATE YOUR PROBLEM(S) \_\_\_\_\_

2. ARE YOU PRESENTLY TAKING ANY MEDICATION YES \_\_\_\_\_ NO ✓

a. IF SO, WHAT KIND \_\_\_\_\_

3. ARE YOU PRESENTLY UNDER A DOCTOR'S CARE YES \_\_\_\_\_ NO ✓ DOCTOR'S NAME: \_\_\_\_\_

a. WHAT TREATMENT ARE YOU RECEIVING \_\_\_\_\_

4. ARE YOU ALLERGIC TO ANY KIND OF MEDICATION YES \_\_\_\_\_ NO ✓

a. IF SO, WHAT KIND \_\_\_\_\_

5. DO YOU HAVE ANY FALSE LIMBS (TEETH, EYES, ETC.) YES \_\_\_\_\_ NO ✓ WHAT: \_\_\_\_\_

6. ARE YOU PRESENTLY RECEIVING ANY PSYCHIATRIC TREATMENT YES \_\_\_\_\_ NO ✓

a. DOCTOR'S NAME: \_\_\_\_\_ PHONE OR HOSPITAL: \_\_\_\_\_

7. ARE YOU SUFFERING FROM ANY TYPE OF ILLNESS YES \_\_\_\_\_ NO ✓

a. WHAT ILLNESS \_\_\_\_\_

I AUTHORIZE THE LEE COUNTY SHERIFFS DEPT. TO INSPECT ANY INCOMING OR OUTGOING MAIL ADDRESSED TO OR FROM ME IN ACCORDANCE WITH DMM115.95 pgh.97 U.S. POSTAL SERVICE.

YES X NO \_\_\_\_\_

Signature of Person Arrested Edwin D. Dennis

ARRESTING OFFICER(S) From Court

BOOKING OFFICER S. D. DUFF

I HAVE RECEIVED ALL PROPERTIES TAKEN FROM ME BY THE LEE CO. SHERIFFS DEPT.

DATE OF RELEASE 10/20/94

TIME OF RELEASE 700 PM

Signature of Person Released Edwin D. Dennis

ALIAS

Date of Arrest 8/16/94

(MIDDLE)

(FIRST)

(LAST)

E

LOCATION OF PROPERTY

07/13/94  
17:54:33

LEE COUNTY SHERIFF DEPARTMENT  
Release Report

Page: 1  
(c) 1989 Syntax, Inc

11: HC 2 Booked: 07/09/94 09:20:11 by D15 Agency: 0007  
Local Id: 00012908 Log num: 94-002774 Sta: Fed:  
Case num: 094004188

Name: DENNIS, II, EDWIN DEE  
Drv Lic: AL  
Addr: 8484 LEE ROAD 158 OPELIKA AL 36801

Sex: M DOB: 11/27/72  
Rac: W Eth: Age: 21

Mar: M

Phone 1: (205) 756-5612 Ext Phone 2: (205) Ext  
SSN: 255-61-2351 Complx: LT R Bld: MED Hgt: 511 Wgt: 165 Hair: BRO Eyes: BRO  
Auto: Impound?: Loc:  
Scars/Marks/Tattoos: TATTOO RIGHT FOREARM, DOG BITE RIGHT SIDE OF FACE  
JUST BELOW EYE. 1 INCH.

Cell check: State check:  
Total bond: 0.00 Bond type: BAIL Receipt #:  
Comment: A BONDING CO

Holds: By Order of:

Sentence Dy/Hr : Pre-trial Dy/Hr : Other Dy/Hr :  
Trustee Dy/Hr : Good Behv. Dy/Hr : Time Served Dy/Hr :  
Total Dy/Hr :

Comments: FILES ARE DOWN FOR NCIC CHECK DUE TO WEATHER CONDITION  
HOLD LIFTED FOR HARRIS CO GA PER CHRISTIE WEBB

Charges:

Arrest Code: 1314 /ASSAULT 3RD DEGREE Arrest Type: O  
War/Cit No.: War/Cit Type: C Agency: 0007 Dom. Viol.: Y  
Bill Units: 4 Agency: 0007 Case No.:  
Sentence:  
Bailable?: Y Bail:\$ 1,000.00 Receipt No.:  
Start Date: Time: Expire Date: Time:  
Released to: by D15 Condition:

Arrest Code: 4801 /RESISTING ARREST Arrest Type: O  
War/Cit No.: War/Cit Type: C Agency: 0007 Dom. Viol.: N  
Bill Units: 4 Agency: 0007 Case No.:  
Sentence:  
Bailable?: Y Bail:\$ 1,000.00 Receipt No.:  
Start Date: Time: Expire Date: Time:  
Released to: by D15 Condition:

Date: 07/13/94  
Time: 17:54:42

LEE COUNTY SHERIFF DEPARTMENT  
Release Report

Page: 2  
(c) 1989 Syntax, Inc

---

Bail:\$ 2,000.00

Sentence:

Starts:

Expires:

Good behave:

Disp:

Time served:

Total sentence: 07/09/94 09:20:11

Release: 07/13/94 17:52:10

Inmate: William D. Hermit  
B. Seabrook  
A-Bonding Co.